

**STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH**

**Name:** ALUMINUM FABRICATOR [ ] [ ] [ ] [ ]  
**Code No.:** \_\_\_\_\_

**Pick up Address:** 651 [ ] [ ] ST NE WYOMING  
**(NUMBER) (STREET) (CITY)**

**Telephone Number:** (407) 866-1111 P.O. or Contract No.: 111635

**Order Placed By:** [ ] [ ] [ ] Date: 11/1/80

**Type of Process:** ALUMINUM FABRICATOR [ ] [ ] [ ] [ ]  
**High Produced Wastes:** \_\_\_\_\_  
 (Examples: metal plating, equipment cleaning, oil drilling – wastewater treatment, pickling bath, petroleum refining)

**Code No.** \_\_\_\_\_

**heck type of wastes:**

- |   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> Acid solution     | 6. <input type="checkbox"/> Tetraethyl lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery waste              |
| 3. <input type="checkbox"/> Pesticides        | 8. <input type="checkbox"/> Tank bottom sediment   | 13. <input type="checkbox"/> Latex waste                |
| 4. <input type="checkbox"/> Paint sludge      | 9. <input type="checkbox"/> Oil                    | 14. <input type="checkbox"/> Mud and water              |
| 5. <input type="checkbox"/> Solvent           | 10. <input type="checkbox"/> Drilling mud          | 15. <input type="checkbox"/> Brine                      |

Other (Specify) CHLORIDE OXIDES WATER CODE NO.

**omponents:**

**Examples:** Hydrochloric acid, lime, caustic soda,  
phenolics, solvents (list), metals (list),  
organics (list), cyanide)

[illegible]

### **Dangerous Properties of Waste:**

pH 14 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

bulk Volume: 42 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other \_\_\_\_\_

Containers: \_\_\_\_\_ ☐ drums ☐ cartons ☐ bags ☒ other 17  
(NUMBER) SPECIFY

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other SPECIFY

**Special Handling Instructions (if any):** \_\_\_\_\_

the waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

**certify (or declare) under penalty of perjury  
that the foregoing is true and correct.**

**SIGNATURE OF AUTHORIZED AGENT AND TITLE**

<p><b>ASBURY OIL CO.</b>  <b>13419 Halldale Ave., Gardena, California 90249</b>  <b>Phone: (213) 321-1392</b></p>	<p align="center"><b>SFUND RECORDS CTR</b>  <b>999000298</b></p>
---	--

--	--	--

**CODE NO.**

Pick Up: 11/1/80 (DATE) Time: 11 <sup>am</sup>/<sub>pm</sub>

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: \_\_\_\_\_ No. of Loads or Trips: 5 Unit No. \_\_\_\_\_

Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other \_\_\_\_\_ (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

**SIGNATURE OF AUTHORIZED AGENT AND TITLE**

*[Signature]*

---

Name (print or type): OPCONIMM INC

--	--	--

  
**CODE NO.**

Site Address: 10000 E. 7th Ave

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): 750

Handling Method(s):

☐ recovery

☐ treatment (specify): \_\_\_\_\_ 

--	--	--

  
**CODE NO.**

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well

☐ other (specify): \_\_\_\_\_ 

--	--	--

  
**CODE NO.**

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: 11/7/80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

**SIGNATURE OF AUTHORIZED AGENT AND TITLE**

*[Signature]*

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

K001280

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name

**DISPOSAL - STATE COPY**